Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MILAM HOWARD, ET.AL.

Account Number : I20000000206

Phone : (904)357-3660

Fax Number

: (904)357-3662

REGISTERED AGENT RESIGNATION

TRIUMPH AUTOMOTIVE GROUP-GA 01, LLC

Certificate of Status	0
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COVER LETTER

H090001603843

TO: Amendment Section Division of Corporations

à,

SUBJECT: Triumph Automotive Group-GA 01, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L07000022302
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
G. Alan Howard Name of Person
Milam Howard Nicandri Dees & Gillam, P.A. Name of Firm/Company
14 East Bay Street Address
Jacksonville, Florida 32202 City/State and Zip Code
Samsapa@aol.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
G. Alan Howard at (904) 357-3660 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H090001603843

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,		
Milam Howard Nic	andri Dees & Gillam, P.A. , hereby resigns as	
Name o	Registered Agent	
Registered Agent for	Triumph Automotive Group-GA 01, LLC	
	Name of Limited Liability Company	
L070000223		
Document Number, if	XOWE .	
	ailed to the above listed limited Hability company at its last known address. office discontinued on the 31st day after the date on which this statement is filed. Signature of Resigning Agent	
If signing on behalf of an entity	G. Alan Howard	
	Typed or Printed Name	
<u> </u>	President Capacity President ORGAN ORGAN	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company